

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF CYRUS ANDREW SULLIVAN		COURT CASE NUMBER 3:16-CV-01743-AC
DEFENDANT SCOTT ALLEN BREITENSTEIN		TYPE OF PROCESS Summons and Complaint
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SCOTT ALLEN BREITENSTEIN	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 22 Mumma Ave., Dayton, OH 45405	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 1 Number of parties to be served in this case 1 Check for service on U.S.A.
Cyrus Sullivan P.O. Box 86653 Portland, OR 97286		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Also known to live at and frequent 29 Bidleman St, Dayton, OH 45410

Fold

Signature of Attorney other Originator requesting service on behalf of:

 PLAINTIFF DEFENDANT

TELEPHONE NUMBER

(503)232-3080

DATE

9/22/2016

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 65	District to Serve No. 105	Signature of Authorized USMS Deputy or Clerk <i>Debra S. Boyd</i>	Date 11/23/17
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

 A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date _____ Time _____
 am
 pm

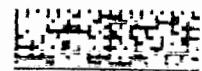
Signature of U.S. Marshal or Deputy

Service Fee <i>8</i>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges <i>8</i>	Advance Deposits	Amount owed to U.S. Marshal (Amount of Refund*) <i>8</i>
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REMARKS: *130/17 Returned - no such number, unable to forward
CM 7014 2120 0003 5969 7912*
 11 JAN 23 PM 2:29
 RECEIVED
 U.S. MARSHAL
 PORTLAND, OREGON

PRINT 5 COPIES:	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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US POSTAGE



528120
US OFFICIAL MAIL
528120
ZIP 97203
7014 2120 0003 5969 7912

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
CERTIFIED MAIL®



UNITED STATES MARSHALS SERVICE
401 U.S. COURTHOUSE
1000 S.W. THIRD AVENUE
PORTLAND, OR 97204-2902

NIXIE

7
11
45405-REF-1N
RETURN TO SENDER
NO FORWARD
UNABLE TO SENDER
RETURN TO SENDER
10/30/17
NSN

Scott Breitenstein
2 Mumma Ave
Dayton, OH 45405

16-1743

DRAFT*

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:



COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail® Priority
 Registered Return
 Insured Mail Collect on

4. Restricted Delivery? (Extra Fee)

2. Article Number
(Transfer from service label)

7014 2120 0003 5969 7912